EXPOSURE CONTROL PLAN

This plan provides the employees of Molalla River School District with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in Molalla River School District sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions will be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.

It is presumed by the nature of the jobs performed in a congregate setting that ALL district employees are reasonably anticipated to have "occupational exposure" to blood or other potentially infectious material.

BOARD POLICIES

- Handling and Disposing of Contaminated Fluids EBBA-AR
- HBV/ Blood Borne Pathogens GBEBAA/JHCCBA/EBBAB
- Communicable Diseases JHCC/GBEB-AR

OSHA

- Blood Borne Pathogens 1920.1030
- Personal Protective Equipment 1910 Subpart 1

MOLALLA RIVER SCHOOL DISTRICT

UNIVERSAL & STANDARD PRECAUTIONS

The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provides a set of standards for the for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health-related issues or procedure or developmental issue or disability.

[Image: Safety Signs]

Standard precautions endorse the appropriate use of personal protective equipment (PPE) and practices such as hand hygiene and respiratory etiquette as well as work practice controls such as sharps safety and environmental disinfection.
When Standard Precautions alone cannot prevent transmission, they are supplemented with transmission-based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While transmission-based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting, hand hygiene is an important infection prevention method as a matter of habit with restroom use and food prep. In the contact of BBP and exposure control, hand hygiene will be endorsing each time a staff member has an interaction with a student for standard first aid or direct care. Hands will be washed prior to dawning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types of interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) will be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.

- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Use of mask when respiratory transmission is of concern.

General Principles of PPE:

IF…	THEN…
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or boy fluid spill	Then have staff trained in appropriate cleanup

Appropriate application and removal of PPE are crucial pieces of infection control.

(Image: CDC)

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. Also, visual alerts such as Cover Your Cough signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use.

- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene can be endorsed practice controls such as:

- Having available for students who become sick at school with respiratory illness. A mask will only be used if the student can tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases the risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To ensure these practices, each school will ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- When tissues and hand hygiene are not accessible, individuals will be encouraged to cough into their elbow, away from others, and not directly into their hands, where they may subsequently cross-contaminate other items or surfaces.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission-based controls.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff will be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

1. Avoid using needles that must be taken apart or manipulated after use.
2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriate labeled with a biohazard sign.
4. Know and understand that needles will only be used a single time.
5. Participate in specific training related to injectable medications.

Contaminated sharps stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard.

Clean and Disinfected Environmental Surfaces

The cleanliness of the district facilities at the professional level is the responsibilities of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, anybody fluid exposure will be immediately referred to custodial services.

In the event of a blood spill, blood spill kits will be readily accessible throughout campuses. This will be deferred to custodial services, if custodial services are not immediately available the area will be isolated and appropriate sanitizer designated by facilities applied. PPE will be used with anybody fluid clean up.

All schools setting will be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.

All disposal of biohazard waste will be in accordance with Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste will come from facilities.

TRANSMISSION-BASED PRECAUTIONS

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are needed to prevent infection transmission beyond standard precautions.

Contact Precautions

Use Contact Precautions are limited in the school setting but may be required when an open and draining lesion is identified at school. When and open and draining lesion, such as a cyst, boil or abscess are identified in the school setting the following precautions will be taken:

- **Ensure appropriate student placement** the student will be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.

- **Use personal protective equipment (PPE) appropriately, if the student requires care. This means that gloves must be worn.** Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff will not be providing wound care or procedures**.**
- **Limit transport and movement of student** once an open and draining lesion is identified, the student's activity will be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection once the student has been dismissed to home, ensure the area the student was located during direct care in appropriately sanitized. If there was a risk of contamination in other settings such as the classroom, cafeteria, or playground, for example, ensure areas are appropriately addressed. Launder supplies in the health room as warranted.**

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. In the school setting, this may be relevant during influenza season and specifically during the circulation of novel viruses.

- **Source control for droplet precautions includes** putting a mask on the sick individual.
- **Ensure appropriate student placement** as feasible, a student who become symptomatic when the risk of specific viruses in increased, will be placed in a room individually, if possible. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms will be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks will be donned upon entry into the isolation space.
- **Limit transport and movement of ill person** outside of isolation room, the student or staff's activity will be restricted, except travel as needed to dismiss to home.

Airborne Precautions

Use of Airborne Precautions for individuals known or suspected to be infected with pathogens transmitted by the airborne route (e.g., measles, chickenpox). Airborne precautions will rarely be used in the school setting; however, it is important to identified control measures as increases of vaccine-preventable respiratory diseases are on the rise related to increase in vaccine hesitancy.

- **Source control** for airborne precaution include putting a mask on the ill individual.
- **Ensure appropriate patient placement in isolation room as feasible. If an isolation room is not available, ensure the student is isolated from other students and staff.**
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher-level respirator for individuals having direct care contact with the student. If these masks are not available, routine surgical masks will be worn.
- **Limit transport and movement of student aside from travel to be dismissed to home.**
- **Immunization of susceptible persons as soon as possible. Following contact with an** individual identified as having a vaccine preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella will be advised immunize against infection (school nurse). It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine-preventable disease (up to 21 days) from their last exposure.

EXPOSURE INCIDENT

An exposure incident is regarded as an event where the potential or risk of exposure to infectious disease has occurred. This can occur through variety of ways; in the school setting, this primarily occurs through contact of body fluids through mucous membranes, through a human or animal bite or through a needle stick. When an exposure has occurred, the affected staff will immediately attend to the injury and report to administration.

Needle-stick

If a staff members skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid will occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourage restriction of blood vessels.
- Do not scrub the wound.
- Do not suck the wound.
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator will make this communication to families. Confidentially will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources.
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water will be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or sterile irrigants. Report incident to administrator immediately and consult with provider (CDC, 2016a)

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills require the use standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills will be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and will be avoided), and generation of aerosols from spilled material will be avoided.

Using these basic principles, the management of spills will be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (<10 cm) ="" or="" large="">10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom.
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills

Standard cleaning equipment, including a mop, cleaning bucket, and cleaning agents, will be readily available for spills management. While these spills will be deferred to custodial services for their expertise in sanitation, supplies It will also be stored in an area known to all in case custodial services are unavailable.

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' will be available. PPE will also be accessible, including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection, and apron. a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020).

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

If the bite occurred from a canine, this is reportable to the local health department.

Appendix A

Donning & Doffing PPE

Donning PPE

1. **Perform appropriate hand hygiene.**
2. **Determine appropriate PPE to be worn depending on duties being performed.**
3. **Put on gown, if applicable.**
   - Fully cover your torso from your neck to knees and your arms to the end of your wrists, then tie at the back.
   - The gown will be large enough to allow unrestricted movement without gaping.
   - Fasten at the back of the neck and waist.
4. **Put on surgical mask or KN95, if applicable**
   - Secure the ties or elastic bands at the middle of the head and neck.
   - Fit flexible band to the nose bridge.
   - Fit mask snug to face and below the chin.
   - Fit-check respirator according to manufacturer instructions.
5. **Put on protective eyewear or face shield, if applicable.**
   - Place over eyes/face and adjust to fit.
6. **Put on gloves.**
   - Extend the gloves to cover the wrist of the gown.

Donning must be performed in the correct order to prevent infection transmission.

SAFE PRACTICES TO REMEMBER

- Limit the number of surfaces touched when wearing PPE.
- Do not touch your face while wearing PPE.
- If you are interacting in close proximity to more than one individual for direct care, your PPE must be changed, and hand hygiene must be practiced in between.
- If at any point your gloves become contaminated, you must dispose of them, perform hand hygiene, and then replace them with new gloves.
- Hair should be pulled back in settings wear PPE is necessary.
- Jewelry should be minimized.

Doffing PPE

Following a correct doffing procedure is especially crucial in the control and prevention of infection. It is the most important step of preventing infection transmission. The doffing of PPE will protect your clothing, skin and mucous membranes from contamination.

Remember that all PPE is contaminated after use. Perform hand hygiene immediately after each step of doffing.

If you are in the isolation space, your gloves and gown will be removed *before* exiting the room.

1. **Remove gloves.**
    - Using one hand, grasp the palm of the other hand and peel off the first glove.
    - Hold the removed glove in the gloved hand.
    - Slide fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove.
    - Discard gloves in a waster container.
2. **Perform hand hygiene appropriately.**
3. **Remove gown.**
    - Unfasten the ties, ensuring the sleeves don't make contact with your body.
    - Pull the gown away from the neck and willers, touching the inside only.
    - Turn the gown inside out.
    - Fold or roll the gown into a bundle and discard in the waste container.
4. **Perform hand hygiene.**
5. **If applicable, exit isolation space.**
6. **Remove goggles/face shield, if applicable.**
    - Remove from the back of the head by lifting headband or earpieces.
    - If reusable, place in the designated reprocessing receptacle. If not, discard in waste container.
7. **Perform hand hygiene.**
8. **Remove mask/respirator.**
    - Grasp the bottom ties/elastics, then the top ones, and remove without touching the front of the mask.
    - Discard in the waste container.
9. **Immediately perform hand hygiene.**

Video Resources

Donning PPE (CDC)

Doffing PPE (CDC)

Handwashing (CDC)

(Adapted from diagrams by Queensland DoH and CDC)

GLOSSARY OF TERMS

Administrative controls: Administrative controls are measures used in conjunction with engineering controls that eliminate or reduce the hazard. By following established safe work practices and procedures for accomplishing a task safely

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Bacteria: Microscopic living organisms. Some bacteria are beneficial, and some are harmless, but some can pathogenic (cause disease).

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms which are spread through contact with infected blood, that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV).

Disinfection: High level cleaning intended to kill germs on surfaces

Droplet precautions: Safety measures used for diseases or germs that are spread in tiny **droplets** caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazard.

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue that can harbor or spread bloodborne pathogens, including but not limited to saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns, and masks.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illness are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Transmission: How a disease spread. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues.
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious and taking appropriate protective measures.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning.

References

Alameda County Public Health Department (2013) Communicable Disease. Retrieved from http://www.acphd.org/communicable-disease.aspx

CDC (2016a) *Bloodborne Pathogens*. Retrieved https://www.cdc.gov/niosh/topics/bbp/emergnedl.html

CDC (2016b) *Variant Influenza Viruses: Background and CDC Risk Assessment and Reporting*. Retrieved from https://www.cdc.gov/flu/swineflu/variant.htm

CDC (2017) *Getting your school ready for pandemic flu.* Retrieved from https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf

Victoria State Government. (2020). *Managing spills of blood and body fluids and substances*. Retrieved from https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-controlguidelines/manage blood body-fluidspills#:~:text=Spots%20or%20drops%20of%20blood, as%20wet%20areas%20attract%20contaminan s.

Virginia Department of Health (2011) FAQ Respiratory Hygiene and Cough Etiquette. Retrieved from https://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/RespiratoryHygieneCoughEtiquett _FAQ.pdf